STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019910	A. BUILDING: _____ B. WING _____	C 10/28/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAGNA HOUSE	**615 E SAWYER ST RICE LAKE, WI 54868**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 000	Initial Comments On 10/21/2024, Surveyor conducted a standard survey and complaint investigation at Magna House. Data was collected through 10/28/2024. Six violations were identified. The complaint was unsubstantiated. Census: 7	N 000		
N 220	83.17(2)(a) Employees screened for communicable disease. The CBRF shall obtain documentation from a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse indicating all employees have been screened for clinically apparent communicable disease including tuberculosis. Screening for tuberculosis shall be conducted using centers for disease control and prevention standards. The screening and documentation shall be completed within 90 days before the start of employment. The CBRF shall keep screening documentation confidential, except the department shall have access to the screening documentation for verification purposes. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 employees reviewed had obtained documentation from a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse, indicating they had been screened within 90 days before the start of employment for clinically apparent communicable disease, including tuberculosis (TB).	N 220		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

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N 220	Continued From page 1 Findings include: The provider is licensed to care for 8 residents in the client groups emotionally disturbed/mental illness and alcohol/drug dependent. On 10/21/2024, Surveyor reviewed the record of Resident Assistant (RA) B and RA C. RA B, hired 05/24/2024, did have a communicable disease screen and TB dated 01/30/2024, but it was approximately 4 months before hire. RA C, hired 07/22/2024, did not have a communicable disease screen, including TB. On 10/23/2024 from 10:20 AM to 10:38 AM, Surveyor interviewed Assistant Administrator (AA) A who stated s/he recalled scheduling RA B for his/her communicable disease screen including TB and would look for the record. AA A stated s/he would forward RA C's communicable disease screen including TB. On 10/25/2024 at 9:00 AM, Surveyor received an email communication from AA A that stated RA B did not have an updated communicable disease screen, including TB, and RA C did not have a communicable disease screen, including TB, completed. The provider did not ensure communicable disease screens including TB were completed.	N 220		
N 230	83.19 Orientation Before an employee performs any job duties, the CBRF shall provide each employee with orientation training which shall include all of the	N 230		

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N 230	Continued From page 2 following: (1) Job responsibilities; (2) Prevention and reporting of resident abuse, neglect and misappropriation of resident property; (3) Information regarding assessed needs and individual services for each resident for whom the employee is responsible; (4) Emergency and disaster plan and evacuation procedures under s. HFS 83.47(2); (5) CBRF policies and procedures; (6) Recognizing and responding to resident changes of condition. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 employees reviewed had completed orientation training that included recognizing and responding to resident changes of condition before performing any job duties. Findings include: The provider is licensed to care for 8 residents in the client groups emotionally disturbed/mental illness and alcohol/drug dependent. On 10/21/2024, Surveyor reviewed the record of Resident Assistant (RA) B and RA C. RA B was hired on 05/24/2024. RA B's record included all the components of orientation training except recognizing and responding to resident changes of condition. RA C was hired on 07/22/2024. RA C's record included all the components of orientation training except recognizing and responding to resident changes of condition. On 10/24/2024 at approximately 4:00 PM,	N 230		

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N 230	Continued From page 3 Surveyor interviewed Assistant Administrator (AA) A, who stated s/he would send an email with the training record containing proof of recognizing and responding to resident changes of condition for RA B and RA C. On 10/25/2024 at 9:00 AM, Surveyor received an email communication from AA A that stated there was no record of recognizing and responding to resident changes of condition training for RA B and RA C. The provider did not ensure orientation training was completed prior to staff performing job duties.	N 230		
N 243	83.21(1)-(3) All employee training. The CBRF shall provide, obtain or otherwise ensure adequate training for all employees in all of the following: Resident rights. Training shall include general rights of residents including rights as specified under s. DHS 83.32(3). Training shall be provided as applicable under ss. 50.09 and 51.61 and chs. 54, 55, and 304, Stats., and ch. DHS 94, depending on the legal status of the resident or service the resident is receiving. Specific training topics shall include house rules, coercion, retaliation, confidentiality, restraints, self-determination, and the CBRF ' s complaint and grievance procedures. Residents ' rights training shall be completed within 90 days after starting employment. Client Group. Training shall be specific to the client group served and shall include the physical, social and mental health needs of the client group. Specific training topics shall include, as applicable: characteristics of the client group	N 243		

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N 243	Continued From page 4 served, activities, safety risks, environmental considerations, disease processes, communication skills, nutritional needs, and vocational abilities. Client group specific training shall be completed within 90 days after starting employment. Client Group. In a CBRF serving more than one client group, employees shall receive training for each client group. Recognizing, preventing, managing, and responding to challenging behaviors. Specific training topics shall include, as applicable: elopement, aggressive behaviors, destruction of property, suicide prevention, self-injurious behavior, resident supervision, and changes in condition. Challenging behaviors training shall be completed within 90 days after starting employment. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 2 employees reviewed, obtained all employee training as required within 90 days after starting employment. Resident Assistant (RA) C did not have training in resident rights within 90 days after starting employment. RA C did not have training in recognizing, preventing, managing and responding to challenging behaviors within 90 days after starting employment. RA C did not have training in required client	N 243		

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N 243	Continued From page 5 groups within 90 days after starting employment. Findings include: The provider is licensed to care for 8 residents in the client groups emotionally disturbed/mental illness and alcohol/drug dependent. On 10/21/2024, Surveyor conducted a record review of 2 employees to verify compliance with all employee training requirements. Surveyor requested training records from Assistant Administrator (AA) A, for RA B and RA C. Resident Rights: The record for RA C, hired 07/22/2024, did not contain evidence of training or evidence of meeting an exemption for resident rights. On 10/25/2024 at 9:00 AM, Surveyor received an email communication from AA A that stated s/he did not have proof of completion of resident rights training for RA C. Recognizing, Preventing, Managing and Responding to Challenging Behaviors: The record for RA C, hired 07/22/2024, did not contain evidence of training or evidence of meeting an exemption for challenging behaviors training. On 10/25/2024, at approximately 9:00 AM, Surveyor received an email communication from AA A that stated s/he did not have proof RA C completed challenging behaviors training. Client Group: The provider is licensed to care for 8 residents in the client groups emotionally disturbed/mental illness and alcohol/drug dependent. The record	N 243		

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N 243	Continued From page 6 for RA C, hired 07/22/2024, did not contain evidence of training or evidence of meeting an exemption for client group training. On 10/25/2024, at approximately 9:00 AM, Surveyor received an email communication from AA A that stated s/he did not have proof RA C completed client group training.	N 243		
N 382	83.35(1)(b) Sources used for assessment information. Information gathering. The CBRF shall base the assessment on the current diagnostic, medical and social history obtained from the person ' s health care providers, case manager and other service providers. Other service providers may include a psychiatrist, psychologist, licensed therapist, counselor, occupational therapist, physical therapist, pharmacist or registered nurse. The administrator or designee shall hold a face-to-face interview with the person and the person ' s legal representative, if any, and family members, as appropriate, to determine what the person views as his or her needs, abilities, interests, and expectations. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure face-to-face interviews were completed for 3 of 3 residents, to determine what the person views as his/her needs, abilities, interests, and expectations. Findings include: The provider is licensed to care for 8 residents in the client groups emotionally disturbed/mental illness and alcohol/drug dependent.	N 382		

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N 382	Continued From page 7 On 10/21/2024, Surveyor reviewed the record of Resident 1, admitted 09/24/2024, Resident 2, admitted 09/04/2024, and Resident 3, admitted 09/11/2024. On 10/21/2024 at approximately 11:45 AM, Surveyor interviewed Assistant Administrator (AA) A who stated that Resident 1 and Resident 2's pre-admission assessments had been completed by zoom and not in person. On 10/23/2024 from 2:03 PM to 2:27 PM, Surveyor interviewed AA A, who stated Resident 3's pre-admission assessment had been completed by zoom. AA A stated s/he was not aware that zoom was no longer an option for completing pre-admission assessments. The provider did not ensure face-to-face pre-admission assessments were completed for 3 of 3 residents.	N 382		
N 385	83.35(2) Temporary Service Plan. Temporary service plan. Upon admission, the CBRF shall prepare and implement a written temporary service plan to meet the immediate needs of the resident, including persons admitted for respite care, until the individual service plan under sub. (3) is developed and implemented. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure Resident 1's temporary service plan (TSP) met the immediate needs of the resident when changes occurred. Findings include:	N 385		

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The provider is licensed to care for 8 residents in the client groups emotionally disturbed/mental illness and alcohol/drug dependent.

On 10/21/2024, Surveyor reviewed the record of Resident 1, admitted on 09/24/2024.

A pre-admission assessment completed on 09/20/2024 included the following,
-Current medical problems: suicidal ideation, homicidal ideation, anxiety
-Saw a medical provider 4 times in the past year including an inpatient psychiatric facility for suicidal and homicidal ideation.
-Potential to elope.
-Needs immediate gratification.
-Resident 1 responded 'no' when asked if s/he could be unsupervised.

An informal suicide risk assessment completed on 09/20/2024 included the following:
-A previous suicide attempt approximately 1 week prior
-History of suicidal thoughts and behavior
-History of mental health issues
-Impulsive/aggressive tendencies
-History of non-suicidal self-injury
-Chronic illness and pain
-History of abuse, neglect, and trauma

An elopement risk completed on 09/20/2024 included the following:
-legally committed

Resident 1's TSP, dated 09/23/2024, included the following:
-PRN (as needed) medication
-Under mental and emotional health read, "Resident requires staff assistance/intervention to maintain positive interactions with others."

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-Under mental illness, "Major depressive disorder."
-Under behavior patterns: aggressive/combative, "Resident requires staff assistance to manage/redirect aggressive/combative behaviors." Under outcome, "To have interventions in place that help alleviate behaviors. Document any incidents and send reports to case management. Follow in-house crisis policy as needed."
-Under destructive behavior, 'yes' was checked.
-Under suicidal tendencies, "Resident has suicidal thoughts and tendencies. Needs 24/7 monitoring and supervision ...staff will do checks every ½ hour to ensure resident safety."
-Under elopement, "Resident has been identified as an elopement risk ...monitor hourly."

Incident reports included the following:
-On 09/27/2024 - " ...[Resident 1] ...making several comments about ending [his/her] life. [S/he] asked the maintenance man to tell [him/her] how to fashion a noose out of [his/her] bedsheets ...asked staff if they had a pistol ...borrow it to blow [his/her] brains out ...after an hour speaking with crisis and the police it was determined that an ED (emergency detention) was the best option."
-On 10/03/2024 at 2:45 PM - " ...[Resident 1] came into the kitchen and asked staff to help [him/her] with chopping up a line of Trazadone ...asked for a big bottle and [s/he was going to to [sic] snort it all and take [him/herself] out ...at 2:30pm Staff [sic] told writer to call the non [sic] emergency ...Sherriffs [sic] Dept. as [Resident 1] was out in the middle of the street in traffic with a mask on and making gun gestures towards on coming [sic] traffic ..."
-On 10/03/2024 at 3:04 PM - " ...told staff [s/he] was high and that [s/he] had smoked this morning

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and was feeling guilty and having bad thoughts ...left the office and came back bringing staff a gallon sized zip loc baggie that contained drug paraphernalia, a THC cartridge ...THC distillate, some loose marijuana plant material and a foil wrap of unknown contents ...[Resident 1] said [his/her] [parent] was the one that brought it to [him/her] ...the police ...tested the items and found they were ...marijuana products and issued some citations ...prior to this [Resident 1] was making homicidal statements about [his/her] desire to kill someone and how [s/he] does not value peoples [sic] lives ...obsessed with suicide and wants to watch someone kill themself and then do the same ...fixated strongly on the terminology 'criminally insane,' asked several times what a person has to do to earn that title ..." -On 10/18/2024 - " ...asked staff for dish soap, water and a sponge ...staff asked what the [sic] needed it for [s/he] said 'cleaning' ...said [s/he] put graffiti on the house ...[s/he] wrote racial slurs, expletives, and a swastika."

On 10/23/2024 from 10:59 AM to 11:14 AM, Surveyor interviewed Case Manager (CM) D, who stated s/he had been notified of several incidents since Resident 1 was admitted. CM D stated s/he had put restrictions in place and that Resident 1 had to earn privileges. CM D stated Resident 1could not have offsite visits with either of his/her parents and s/he had to be under staff supervision when in the community.

On 10/23/2024, from 2:03 PM to 2:27 PM, Staff interviewed Assistant Administrator (AA) A. Surveyor inquired why there were no updates to Resident 1's TSP when multiple incidents occurred. AA A stated, "I understand this is extremely lacking."

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N 385	Continued From page 11 On 10/24/2024, Surveyor reviewed Resident 1's observation notes that included: - 09/24/2024 - " ...cannot leave with is [sic] [parent] ...All visits must be on site." - 10/03/204 - " ...came into the assistant administrators [sic] office asked for salt to snort, holding a rolled up [sic] dollar bill calling it [his/her] 'coke bill' ...made comment about needing a noose ..." - 10/05/2024 - "After [Resident 1's] [parent] left [s/he] became depressed ...[s/he] was hitting [him/herself] over the head with [his/her] fist ...said [s/he] had no reason to live ..." - 10/05/2024 - " ...did mention how [s/he] regularly smoked marijuana before coming here and wishes [s/he] could do it again ...telling me about abusing prescription drugs as well." - 10/08/2024 - " ...asked if [his/her] [parent] could come and visit ...promised there wouldn't be any funny business ....meant wouldn't be bringing [him/her] any drugs ..." - 10/09/2024 - " ...[Resident 1] was searched upon arrival and drug tested in the morning." - 10/12/2024 - "As soon as [his/her] [parent] left [s/he] became depression [sic] and wanting [sic] to die ..." - 10/13/2024 - " ...saying some pretty negative stuff about [him/herself] including that [s/he] didn't want to be alive ..." - 10/13/2024 - "[Resident 1's] [parent] was here visiting today ...as [s/he] left in the afternoon [s/he] became depressed ...[Resident 1] has been speaking of suicide all morning. - 10/14/2024 - "Making comments about killing [him/herself] ...tried to grab a butter knife ...outside digging holes in the yard ...full force kicking over the patio chair ...screamed [expletive] at the top of [his/her] lungs and went back to kicking the furniture." -10/15/2024 - " ...derogatory language, saying	N 385		

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N 385	Continued From page 12 things like [racial slurs] and 'we should just kill them all ..." On 10/28/2024, from 2:55 PM to 3:51 PM, Surveyor interviewed AA A who stated their normal process was to update service plans when changes occurred and s/he tried to get updates added to Resident 1's as soon as possible. AA A stated Resident 1 had been a difficult resident and s/he knew there were missing pieces in the TSP. Resident 1's TSP did not include updates regarding his/her family causing him/her stress, restrictions implemented by his/her county case manager, suicidal ideation and emergency detention, asking staff for drugs, homicidal episode when stood in traffic pretending to wave a gun at on-coming traffic, racial slurs, graffiti, and comment about killing them all, use of drugs, drug testing and body searches, law enforcement involvement, and incident when [his/her] [parent] brought drugs into the home for Resident 1. Resident 1 was admitted on 09/24/2024. There had been significant incidents and events in the 27 days since his/her admission. The provider did not prepare and implement a TSP to meet Resident 1's needs or when changes occurred.	N 385		
N 617	83.55(6)(b) Bath and toilet areas: water temperature The CBRF shall set the temperature of all water heaters connected to sinks, showers and tubs used by residents at a temperature of at least 140°F. The temperature of water at fixtures used	N 617		

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by residents shall be automatically regulated by valves and may not exceed 115°F, except for CBRFs serving residents recovering from alcohol or drug dependency or clients of a government correctional agency.

This Rule is not met as evidenced by:
Based on observation, record review, and interview, the provider did not ensure the temperature of water fixtures used by residents did not exceed 115 degrees Fahrenheit.

Findings include:

The provider is licensed to care for 8 residents in the client groups emotionally disturbed/mental illness and alcohol/drug dependent.

On 10/21/2024, Surveyor reviewed a document titled Care History for Building, dated 10/01/2024 to 10/20/2024, that included recorded water temperatures. All the recorded temperatures were exactly 140 degrees Fahrenheit.

At approximately 10:10 AM, Surveyor interviewed Assistant Administrator (AA) A, who stated the staff were instructed that the policy and procedure directed staff to contact him/her if water temperatures exceeded 115 degrees Fahrenheit and s/he would contact maintenance. Surveyor pointed out the high water temperatures that were recorded for 17 days straight. AA A stated there was no way the water was that hot but s/he had not been informed of the high water temperatures.

At approximately 2:15 PM, Surveyor observed AA A look for the thermometer in the kitchen area and ask Resident Assistant (RA) B its location but

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019910	A. BUILDING: _____ B. WING _____	C 10/28/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAGNA HOUSE	**615 E SAWYER ST RICE LAKE, WI 54868**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 617	Continued From page 14 s/he was unable to provide any information. AA A attempted to take the water temperature with a meat thermometer. Surveyor observed that the lowest reading on the gauge was 140 degrees Fahrenheit which was consistent with the documentation. On 10/28/2024 at approximately 3:00 PM, Surveyor interviewed AA A, who stated s/he was not sure why staff did not tell him/her about the high water temperatures or that the normal thermometer used was missing. The provider did not ensure water temperatures did not exceed 115 degrees Fahrenheit.	N 617		